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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/683,099	
	Filing Date	11/16/2001	
	First Named Inventor	Shih-Hsornng Shen	
	Group Art Unit	2644	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	YMBP0001USA

ENCLOSURES (check all that apply)

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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	A copy of notice to file corrected application papers.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	WINSTON HSU
Signature	<i>Winston Hsu</i>
Date	1/14/2002

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/683,099	11/16/2001	2644	370	YMBP0001USA	5	20	2

CONFIRMATION NO. 8068

 027765
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FILING RECEIPT



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Date Mailed: 11/28/2001

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Applicant(s)

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 Shuenn-Tsong Young, Taipei City, TAIWAN;
 Weileum Fang, Hsin-Chu City, TAIWAN;

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Dear Sir = Technology Center 2600

Domestic Priority data as claimed by applicant

Please correct it

Foreign Applications

to "Weileun".

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Thank you very much.

Projected Publication Date: To Be Determined - pending completion of Corrected Papers

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Hearing aid device with frequency-specific amplifier settings

Preliminary Class

381

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Bib Data Sheet

CONFIRMATION NO. 8068

SERIAL NUMBER 09/683,099	FILING DATE 11/16/2001 RULE	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. YMBP0001USA
APPLICANTS Shih-Hsorong Shen, Taipei City, TAIWAN; Shuenn-Tsong Young, Taipei City, TAIWAN; Weileun Fang, Hsin-Chu City, TAIWAN;				
** CONTINUING DATA ***** N/A.				
** FOREIGN APPLICATIONS ***** SN				
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>SN</u> Initials	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 5	TOTAL CLAIMS 20
ADDRESS 027765		INDEPENDENT CLAIMS 2		
TITLE Hearing aid device with frequency-specific amplifier settings				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	